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**St Oswald’s CE Nursery Enquiry Form**

**Child’s Details**

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| Surname: - | 1st Name: - |
| 2nd Name: - | D.O.B: - |
| Position in Family E.G 1/3: - | Male/Female: - | Religion: - |
| Names of siblings : - **(This could affect your position on the waiting list)** |
| Address: - Post Code: - |
| E mail Address: -  |
| Telephone Number: -  | Mobile Number: -  |
| Name of current nursery school: - |
| What is your reason for choosing our nursery school: - |

**Times of Nursery Sessions**

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| **At this present time each child is offered a place for five sessions per week either in the morning or the afternoon.****Full day 8.45am-3.15pm or Morning session - 08.45am – 12pm or Afternoon session - 12.15pm – 15.15pm** |
| Nursery Session Preferred, (please underline one choice): - | Morning | Afternoon | Full day |
| Signature of Parent/Carer: - |
| Name of Parent/Carer: - |

Please return this form to **–**

**admin@stoswald-worl.cheshire.sch.uk**

**Office Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| Sibling in School: - | Distance in Miles: - | Distance in Metres: - | In Catchment: - |
| Date Received: - | Receipt Letter / Email sent: - |
| Notes: - |

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